FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26704 (9)

1. Corporation Name
TAMPA BAY CHAPTER OF THE INTERNATIONAL ASSOCIATI N FOR FINANCIAL PLANNING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%JULIA A. LENTZ 7845 QUAIL HOLLOW BLVD. WESLEY CHAPEL FL 33544-2025	%JULIA A. LENTZ 7845 QUAIL HOLLOW BLVD. WESLEY CHAPEL FL 33544-2025 US

3. Date Incorporated or Qualified: 05/31/1988
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1792226 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LENTZ, JULIA A. 7845 QUAIL HOLLOW BLVD. WESLEY CHAPEL FL 33544	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ROESER, RONALD H	1.2 NAME	GIBSON, STEPHEN K.	
STREET ADDRESS	4175 E BAY DR	1.3 STREET ADDRESS	2323 CURLEW ROAD	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	T	2.1 TITLE	T	☒ Change ☐ Addition
NAME	SHUTE, KAREN P	2.2 NAME	TOBIN, DAVID J.	
STREET ADDRESS	10002 PRINCESS PALM AVE	2.3 STREET ADDRESS	700 CENTRAL AVE.	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	V	3.1 TITLE		☒ Change ☐ Addition
NAME	SNYDER, GINGER R	3.2 NAME		
STREET ADDRESS	5300 W. CYPRESS ST.	3.3 STREET ADDRESS	5010 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BERG, NAOMI	4.2 NAME	HARBEITNER, DAVID	
STREET ADDRESS	1919 OXFORD STR	4.3 STREET ADDRESS	2000 - 66TH STREET N.	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	P	5.1 TITLE	C	☒ Change ☐ Addition
NAME	MARTIN, LES	5.2 NAME		
STREET ADDRESS	201 HIGHLAND AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE	P	☒ Change ☐ Addition
NAME	COTTER, GARY W	6.2 NAME		
STREET ADDRESS	410 WARE BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David J. Tobin (DAVID S. TOBIN) 4-19-95 (813)823-8712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083178